



P.O. BOX 447  
ALBANY, GEORGIA 31702-0447

## REGISTERED BUSINESS RENEWAL APPLICATION

**ALL INFORMATION MUST BE TYPED OR PRINTED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

CURRENT LICENSE (OTC) NUMBER: \_\_\_\_\_  
APPLICATION DATE: \_\_\_\_\_

E-VERIFY NUMBER: \_\_\_\_\_  
DATE OF AUTHORIZATION: \_\_\_\_\_

### SECTION I. BUSINESS INFORMATION:

BUSINESS NAME (DBA IF APPLICABLE): \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

NUMBER OF EMPLOYEES  
(NATIONWIDE FOR THE COMPANY) \_\_\_\_\_

WERE YOU BORN IN THE U.S.? YES ☐ NO ☐

**(APPLICABLE TO PROFESSIONALS, CONTRACTORS AND SUB-CONTRACTORS)**

NAME ON STATE LICENSE: \_\_\_\_\_

STATE LICENSE NUMBER: \_\_\_\_\_ **\*ATTACH COPY OF LICENSE**

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I hereby certify that the information reported herein as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Albany Occupational Tax Ordinance.

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APPLICANT SIGNATURE

PRINT NAME

TITLE

DATE



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## **REGISTERED BUSINESS RENEWAL APPLICATION**

Items Needed When Filing Your Renewal Application:

Checklist:

- ☐ Registered Business Renewal Application
- ☐ Copy of current local license (Issued by another city or county physically located in the State of Georgia)
- ☐ Copy of Certificate of Insurance of at least \$100,000.00 with City of Albany listed as Certificate Holder (If Applicable)
- ☐ Copy of State License (If Applicable)

Two Ways to Renew:

1. Submit renewal application in person (see address at top).
2. Submit renewal application by mail (see address at top).

**If your application is submitted incomplete, any documents and/or payments may be returned to you unprocessed.**